**Cosmetology & Spa Application Form**

The following underwriting information has been provided by you or on your behalf. It is understood that the Insurer(s) has relied upon this information for risk acceptance to provide quote and coverage acceptability. Any misrepresentation or omission will render an insurance policy null and void from inception. **PLEASE READ CAREFULLY.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | | |
| Contact Email Address:  *(Required for e-signatures)* | | |  | | | | | | | | | |
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| Applicant(s): | | |  | | | | | | | | | |
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|  | | |  | | | | | | | | | |
| Mailing address: |  | |  | | | | | | | | |
|  | | |  | | | | | | | | | |
| Risk location: |  | |  | | | | | | | | |
|  |  | |  | | | | | | | | |
| Year Established: | |  | | Years of Experience: | |  | | | | | |
|  | | | | | | | | | | | |
| Gross Revenues – Next 12 Months | | |  | | | | | | | | |
|  | | | | |  | | | | | |  | |
| **RISK INFORMATION** | | | | | | | | | | | | |
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| Does the Applicant: | | | | | | | | | | | | |
| * carry all licenses and permits required by law? | | | | | | | | | | No  Yes | | |
| * follow all health authority rules and regulations? | | | | | | | | | | No  Yes | | |
| * ensure all technicians have training in the services provided? | | | | | | | | | | No  Yes | | |
| In the past 5 years, has the Applicant: | | | | | | | | | |  | | |
| * had any penalties imposed? | | | | | | | | | | No  Yes | | |
| * been subject to any allegations of misconduct or professional negligence? | | | | | | | | | | No  Yes | | |
| If yes to the above, please provide details: | | | | | | | | | |  | | |
|  | | | | | | | | | | | | |
| **Please indicate all services provided by the Applicant and complete all questions applicable below.** | | | | | | | | | | | | |
| Regardless of the information declared on this form, coverage is only granted pursuant to the policy documents. PLEASE READ PROPOSED POLICY FORM CAREFULLY. | | | | | | | | | | | | |
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| **HAIR SERVICES:** | | | | | | | | | | | | |
| Does the Applicant provide hairdressing/barbering services? | | | | | | | | No  Yes | | | | |
| % of total revenues from Hair services: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **BASIC AESTHETICS:** | | | | | | | | | | | | |
| Does the Applicant provide nail and aesthetics services? | | | | | | | | No  Yes | | | | |
| % of total revenues from Basic Aesthetics services: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **SPECIALTY AESTHETICS:** | | | | | | | | | | | | |
| Does the Applicant provide any of the following services? | | | | | | | | | | | | |
| % of total revenues from Specialty Aesthetics services: | | | | | | | | | | | | |
| * Acid peels with solution concentration levels greater than 30% | | | | | | | | | No  Yes | | | |
| * Bioresonance diagnostics and therapy | | | | | | | | | No  Yes | | | |
| * Cold-process body contouring (excl. laser and liposuction) | | | | | | | | | No  Yes | | | |
| * Microblading – including powder brows, ombre brows | | | | | | | | | No  Yes | | | |
| * Micro Needling of any kind – including facials with cream tattoos | | | | | | | | | No  Yes | | | |
| * Micropigmentation | | | | | | | | | No  Yes | | | |
| * Mole, skin tag and wart removal by any means | | | | | | | | | No  Yes | | | |
| * Vagina rejuvenation, penis enlargement and incontinence treatments | | | | | | | | | No  Yes | | | |

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| **TANNING:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant have tanning beds, booths and/or offer spray tanning? | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | |
| % of total revenues from Tanning services: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If yes, does the Applicant:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| * Obtain signed /dated consent and waiver forms (guardians on behalf of minors)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Maintain all client records for a minimum of 7 years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Ensure eye protection is worn during services (other than spray tanning)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Follow all manufacturers’ guidelines with respect to operation/maintenance? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Allow patrons to set the length of time they are permitted to tan? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
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| **LASER, IPL, LED, LHE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant provide cosmetic treatments involving Laser, IPL, LED or LHE? | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | |
| % of total revenues from Laser, IPL, LED and LHE services: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If yes, does the Applicant:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Obtain signed /dated consent and waiver forms? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Maintain all client records for a minimum of 7 years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Ensure eye protection is worn during services (other than spray tanning)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Follow all manufacturers’ guidelines with respect to operation/maintenance? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Obtain pre-service medical history from customers? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Provide aftercare instructions to all customers? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Use commercially rated machines? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INJECTIONS AND IV THERAPIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant provide Cosmetic Injections? | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | |
|  | | | % of total revenues from Cosmetic Injections: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | % of above revenues sub-contracted: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the Applicant provide Vitamin Injections and/or IV Therapies? | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | |
|  | | | % of total revenues from Vitamin Injection and/or IV Therapies: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | % of above revenues sub-contracted: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If yes to any Injections or IV Therapies, does the Applicant:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Obtain signed /dated consent and waiver forms? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Maintain all client records for a minimum of 7 years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Provide aftercare instructions to all customers (where required)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Provide only Health Canada approved injectables? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Provide weight loss injections? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Obtain written pre-service medical history form customers? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Ensure medical professionals are licensed/registered in Canada? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Ensure that all sub-contractors carry their own liability insurance? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
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| **SCHOOLS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the Applicant a Cosmetology and/or Laser Training School? | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | |
| % of total revenues from Cosmetology Training, other than Laser: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If yes, answer the following:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Does the Applicant:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Permit students to perform services to the general public? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Ensure students are always supervised during services? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
| * Inform patrons that services are being performed by students or apprentices? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the Applicant:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Provide Laser, IPL, LED or LHE training? | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | | | | | | | | |
| % of total revenues from Laser Training: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **LOSS HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the applicant had any claims in the last three years? If so, please provide details. (Date, Details, Loss Paid, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | No  Yes |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the applicant aware of any circumstances that may give rise to a claim?  No  Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PRIOR INSURANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant currently carry Commercial General Liability coverage? | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | |
| Insurer: | | | |  | | | | | | | | | | | | Policy No.: | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Does the applicant currently carry Professional Liability coverage? | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | |
| If yes, is the coverage in force on a Claims Made basis? | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | |
| Insurer: | | | |  | | | | | | | | | | | | Policy No.: | | | | | | |  | | | | | | Retroactive Date: | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the applicant ever had insurance cancelled, declined or refused? | | | | | | | | | | | | | | | | | | | | | | | | No  Yes | | | | | | | | | | | | |
| If yes, please describe: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REQUESTED LIMITS** | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Commercial General Liability** | | | | | | | | | | | | | | | | | | | | | **Tenants’ Legal Liability** | | | | | | | | | | | | | | | |
|  | | $1,000,000 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | $500,000 | | | | | |
|  | | $2,000,000 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | $1,000,000 | | | | | |
|  | | $5,000,000 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | $2,000,000 | | | | | |
| **Medical Expenses** | | | | | | | | | | | | | | | | | | | | | | **Non-owned Automobile Liability** | | | | | | | | | | | | | | |
|  | | | | | | | | $10,000 | | | | | | | | | | | | | |  | | | | | | | | | $1,000,000 | | | | | |
|  | | | | | | | | $25,000 | | | | | | | | | | | | | |  | | | | | | | | | $2,000,000 | | | | | |
| **Employer’s Liability** | | | | | | | | $1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | $2,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Professional Liability** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | $1,000,000 | | | | | |  | | $2,000,000 | | | | |  | | $5,000,000 | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Property Coverage** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Tenants Improvements | | | | | | | | | | | | $ | | | | | | | | | | Equipment – excluding laser | | | | | | | | | $ | | | | | |
| Contents of Every Description | | | | | | | | | | | | $ | | | | | | | | | | Equipment – laser | | | | | | | | | $       (attach schedule) | | | | | |
| Stock | | | | | | | | | | | | $ | | | | | | | | | | Other: | | | | | | | | | $ | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | |
| Does the applicant want coverage for: | | | | | | | | | | | | | | Flood | | | | | Earthquake | | | | | | | Sewer Backup | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COPE Details (if any property required):** | | | | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | |
| Building Construction: | | | | | | | | | | | | | | Frame | | | | | Fire Resistive | | | | | | | Non-Combustible | | | | | | | | Other: | | |
| Year Built | | | | |  | | | | | | | Age of Roof: | | |  | | | | | | | | | | | | | | | | | | | | | |
| Year of upgrades: | | | | | | Heating: | | | | | |  | | | Plumbing: | | | | |  | | | | | | Electrical: | | | | | |  | | | | |
| Hydrant within 300 metres | | | | | | | | | | | | Yes | | | No | | | | | Sprinklered: | | | | | | | | | | Yes | | | No | |  | |
| Fire Hall within 8 kms: | | | | | | | | | | | | Yes | | | No | | | | | Centrally Monitored Alarm: | | | | | | | | | | Yes | | | No | |  | |
| **PLEASE READ BEFORE SIGNING:** The Applicant has reviewed this application form and all attachments and acknowledges that all information provided is true. The Applicant understands that any insurance that may be provided is based on the information in this application being true and correct, and any misrepresentation or omission will render any such insurance policy null or void from inception.  The Applicant understands that if the Insured fails to inform the Insurer of material changes to these facts during the term of an insurance policy, the insurance may not be valid. The Applicant understands that they cannot contravene a term of the policy, commit a fraud, or willfully make false statements during a claim investigation.  The Applicant confirms that all individuals included in this application have authorized the collection and storage of their personal information. Credit information, claims history and other personal information may be collected, used and disclosed for the purposes of assessing and underwriting the application for insurance, renewals, evaluating claims, detecting and preventing fraud.  **NOTE: INSURANCE IS NOT IN EFFECT UNTIL SUCH TIME AT FORWARD INSURANCE MANAGERS HAS ISSUED A BINDER OR INSURANCE POLICY IN WRITING THAT CONFIRMS COVERAGE IS IN PLACE.**  Forward Insurance Managers Ltd is a managing underwriting agency duly licensed as an intermediary across Canada – and the insurance company at risk shall be duly listed on any quotation, binder or insurance policy.  The Applicant hereby consents to the use of electronic communications, electronic records, and electronic signatures. The Applicant understands an electronic signature is legally binding, just as if the Applicant had signed a paper document. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Applicant’s Signature:** |  | **Date:** |  |
| **Brokerage:** |  | **Broker ID:** |  |
| **Broker Email:** |  | **Phone:** |  |